

AMENDMENT NO. 1

This Amendment modifies Contract No. 1528-14472 B, Section No. 14-6PESV-02-ES, for Preliminary Engineering Services by and between the County of Cook, Illinois, herein referred to as "County" and HNTB Corporation, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on June 8, 2016, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide engineering services (hereinafter referred to as the "Services") from June 15, 2016 through June 14, 2019 with two (2), one (1), year renewal options, in an amount not to exceed \$2,200,000.00; and

Whereas, the Contract will expire on June 14, 2019, and the agreed upon Services are still required; and

Whereas, an increase in the amount of \$1,300,000.00 is required for the continuation of Services; and

Whereas, the County and Contractor desire to renew the Contract for 12 months beginning on June 15, 2019 through June 14, 2020.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is renewed through June 14, 2020.
2. The Contract is increased by \$1,300,000.00 and the Total Contract Amount is revised to \$3,500,000.00.
3. The attached Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, DBE Utilization Plan forms and Economic Disclosures Statement under Attachment A are incorporated and made a part of this contract.
4. All other terms and conditions remain as stated in the Contract.

In witness whereof, the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

County of Cook, Illinois

By: Sam E. L.
Chief Procurement Officer

Date: 7 June 2018

By: A. B. G.
State's Attorney
Tamer Boligrahis
Type or print name

Date: 5-25-18

HNTB Corporation

Mark Becherer
Signed

Mark Becherer
Type or print name

Vice President
Title

Date: 4-20-18

CERTIFICATE OF AUTHORITY

AND

POWER OF ATTORNEY

The undersigned, Vice President of HNTB Corporation, a Delaware corporation, (the "Corporation") hereby certifies that MARK G. BECHERER has been authorized by the Board of Directors of the Corporation, commencing as of the date hereof, to enter into agreements and contracts for usual and customary architectural, engineering, planning, and management professional services, and to incur ordinary and necessary obligations in connection therewith, in the name of and on behalf of the Corporation, and the Corporation shall be bound thereby. The Corporation hereby ratifies and confirms any action taken by such individual pursuant to this certificate. Such authority shall expire as of May 31, 2018.

Date: May 16, 2017

By: _____

Thomas D. O'Grady

Thomas D. O'Grady

State of: Missouri

County of: Jackson

On May 16, 2017, before me a Notary Public, in and for the county and state aforesaid, personally appeared Thomas D. O'Grady, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as the free act and deed of the Corporation, and being duly sworn, did state upon oath that he is the Vice President of HNTB Corporation, and as such is authorized to execute this instrument and make this acknowledgment on behalf of the Corporation.

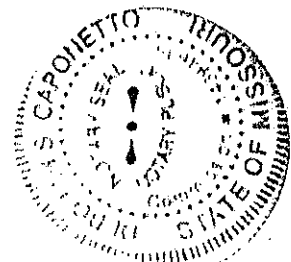
In testimony whereof, I have hereunto set my hand and affixed my official seal on May 16, 2017.

Deborah L. Caporetto

Notary Public

My commission expires:

August 21, 2018



ATTACHMENT A

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be added or substitute: AES Services, Inc.
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Mohammed Saleem
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): msaleem@aesser.com
Company Address (Contractor): One South Wacker Drive Suite 900	Company Address (Subcontractor): 111 S. Wacker Drive Suite 3910
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60606
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-235-6783/312-235-6784
Estimated Start and Completion Dates (Contractor): TBD	Estimated Start and Completion Dates (Subcontractor): TBD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Survey, Traffic Studies, Safety Studies	16%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title

Prime Contractor Signature

Date

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be Comprehensive Construction Consult. added or substitute:
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Lynn Dixon Subconsultant:
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): ldixon@comprehensivecc.com
Company Address One South Wacker Drive (Contractor): Suite 900	Company Address 53 W. Jackson (Subcontractor):
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60604
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-353-3000/312-353-3001
Estimated Start and Completion Dates TBD (Contractor):	Estimated Start and Completion Dates TBD (Subcontractor):

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Geometric Studies, Traffic Studies, Safety Studies	5%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title


 Prime Contractor Signature

Date

4-17-18

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be added or substitute: DB Sterlin Consultants, Inc.
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Regine Jeune
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): rjeune@dbsterlin.com
Company Address (Contractor): One South Wacker Drive Suite 900	Company Address (Subcontractor): 123 N. Wacker Drive Suite 2000
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60606
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-857-1006/312-857-1056
Estimated Start and Completion Dates (Contractor): TBD	Estimated Start and Completion Dates (Subcontractor): TBD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Traffic Studies, Survey, Structures Design	2%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title


 Prime Contractor Signature

4-17-18

Date

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be SB Friedman & Company added or substitute:
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Stephen B. Friedman Subconsultant:
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): sbf@sbfriedman.com
Company Address One South Wacker Drive (Contractor): Suite 900	Company Address 221 N. LaSalle Street (Subcontractor): Suite 820
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60601
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-424-4250
Estimated Start and Completion Dates TBD (Contractor):	Estimated Start and Completion Dates TBD (Subcontractor):

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Agency Coordination, Public Outreach	2%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title

Mark Becherer 4-17-18

Prime Contractor Signature Date

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be Onyx Architectural Services, Inc. added or substitute:
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Victor Simpkins Subconsultant:
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): vsimpkins@onyxchicago.com
Company Address One South Wacker Drive (Contractor): Suite 900	Company Address 750 N. Franklin Street (Subcontractor): Suite 207
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60654
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-787-2748/312-787-2857
Estimated Start and Completion Dates TBD (Contractor):	Estimated Start and Completion Dates TBD (Subcontractor):

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Agency Coordination, Public Outreach	2%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title


 Prime Contractor Signature

Date

4-17-18

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

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Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be added or substitute: GSG Consultants, Inc.
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Robert Suda
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): rsuda@gsg-consultants.com
Company Address (Contractor): One South Wacker Drive Suite 900	Company Address (Subcontractor): 855 West Adams Street Suite 200
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60607
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-733-6262/312-733-5612
Estimated Start and Completion Dates (Contractor): TBD	Estimated Start and Completion Dates (Subcontractor): TBD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Geotechnical Services, Drainage Studies	5%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

Name

Vice President

Title

Prime Contractor Signature

Date

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

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Bid/RFP/RFQ No.: 1528-14472 B - A1	Date: 4/9/18
Total Bid or Proposal Amount: TBD	Contract Title: 1528-14472 B - A1
Contractor: HNTB Corporation	Subcontractor/Supplier/ Subconsultant to be added or substitute: Metro Strategies, Inc.
Authorized Contact for Contractor: Mark Becherer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Karyn Romano
Email Address (Contractor): mbecherer@hntb.com	Email Address (Subcontractor): kromano@metrostrategiesinc.com
Company Address (Contractor): One South Wacker Drive Suite 900	Company Address (Subcontractor): 33 N. LaSalle Street
City, State and Zip (Contractor): Chicago, Illinois 60606	City, State and Zip (Subcontractor): Chicago, Illinois 60602
Telephone and Fax (Contractor): 312-930-9119/312-930-9063	Telephone and Fax (Subcontractor): 312-733-561-3140
Estimated Start and Completion Dates (Contractor): TBD	Estimated Start and Completion Dates (Subcontractor): TBD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Public Outreach and Meetings, Funding Applications	7%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

HNTB Corporation

Contractor

Mark Becherer

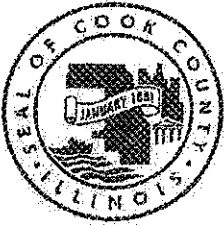
Name

Vice President

Title

Prime Contractor Signature

Date

**TONI PRECKWINKLE**

PRESIDENT
Cook County Board
of Commissioners

RICHARD R. BOYKIN
1st District

DENNIS DEER
2nd District

JERRY BUTLER
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

EDWARD M. MOODY
6th District

JESUS G. GARCIA
7th District

LUIS ARROYO, JR.
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

JOHN A. FRITCHEY
12th District

LARRY SUFFREDIN
13th District

GREGG GOSLIN
14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI
16th District

SEAN M. MORRISON
17th District

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

May 1, 2018

Ms. Shannon E. Andrews
Chief Procurement Officer
118 N. Clark Street
County Building-Room 1018
Chicago, IL 60602

Re: Contract No. 1528-14472B (Amendment No. 1)
Preliminary Engineering Service
Department of Transportation and Highway

Dear Ms. Andrews:

The Office of Contract Compliance is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women-owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

Bidder: HNTB Corporation.

Original Contract Value: \$2,200,000.00

Increased Contract Value: \$1,300,000.00 (Amendment No. 1)

New Contract Value: \$3,500,000.00

Contract Extension: 12 months

New Contract Term: June 15, 2019 through June 14, 2020

Contract Goal: 35% DBE

<u>MBE/WBE</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)*</u>
AES Services, Inc.	DBE(8)	City of Chicago	16%
Comprehensive Construction Consulting, Inc.	DBE(6)	City of Chicago	5%
GSG Consulting, Inc.	DBE (6)	CTA	5%
Onyx Architectural Services, Inc.	DBE (6)	IDOT	2%
Metro Strategies, Inc.	DBE (7)	IDOT	7%
Total			35%

*Commitment percentages are based on the revised contract.

Original MBE/WBE forms were used in the determination of the responsiveness of this contract.

Sincerely,

Jacqueline Gomez
Contract Compliance Director
JG/ate

cc: Cho Ng, OCPO
Tara Orbon, DOTH
Noel Basquin, DOTH

DBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all DBE firms included in this Plan are certified DBEs by at least one of the entities listed in the RFP.

I. BIDDER/PROPOSER DBE STATUS: (check the appropriate line)

- ☐ Bidder/Proposer is a certified DBE firm. (If so, attach copy of current Letter of Certification)
- ☐ Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified DBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at www.cookcountyll.gov/contractcompliance)
- ☒ Bidder/Proposer is not a certified DBE firm, nor a Joint Venture with DBE partners, but will utilize DBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II.

☒

Direct Participation of DBE Firms

☐

Indirect Participation of DBE Firms

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

DBEs that will perform as subcontractors/suppliers/consultants include the following:

DBE Firm: GSG Consultant, Inc.

Address: 855 West Adams Street, Suite 200 Chicago, Illinois 60607

E-mail: rsuda@gsg-consultants.com

Contact Person: Rober Suda Phone: 312-733-6262

Dollar Amount Participation: \$ N/A

Percent Amount of Participation: 5% %

*Letter of Intent attached? Yes X No

*Current Letter of Certification attached? Yes X No

DBE Firm: Comprehensive Construction Consulting

Address: 53 W. Jackson

E-mail: ldixon@comprehensivecc.com

Contact Person: Lynn Dixon Phone: 312-353-3000

Dollar Amount Participation: \$ N/A

Percent Amount of Participation: 5% %

*Letter of Intent attached? Yes X No

*Current Letter of Certification attached? Yes X No

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

DBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all DBE firms included in this Plan are certified DBEs by at least one of the entities listed in the RFP.

I. **BIDDER/PROPOSER DBE STATUS:** (check the appropriate line)

- ☐ Bidder/Proposer is a certified DBE firm. (If so, attach copy of current Letter of Certification)
- ☐ Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified DBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at www.cookcountylil.gov/contractcompliance)
- ☒ Bidder/Proposer is not a certified DBE firm, nor a Joint Venture with DBE partners, but will utilize DBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☒ **Direct Participation of DBE Firms** ☐ **Indirect Participation of DBE Firms**

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

DBEs that will perform as subcontractors/suppliers/consultants include the following:

DBE Firm: Metro Strategies, Inc.

Address: 33 North LaSalle, Chicago IL 60602

E-mail: kromano@metrostrategiesinc.com

Contact Person: Karyn Romano Phone: 312-561-3140

Dollar Amount Participation: \$ N/A

Percent Amount of Participation: 7% %

*Letter of Intent attached? Yes X No

*Current Letter of Certification attached? Yes X No

DBE Firm: Onyx Architectural Services, Inc.

Address: 750 N. Franklin Street, Suite 207, Chicago, IL 60654

E-mail: vsimpkins@onyxchicago.com

Contact Person: Victor Simpkins Phone: 312-787-2748

Dollar Amount Participation: \$ N/A

Percent Amount of Participation: 2% %

*Letter of Intent attached? Yes X No

*Current Letter of Certification attached? Yes X No

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

I. BIDDER/PROPOSER DBE STATUS: (check the appropriate line)

Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified DBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit -- available online at www.cookcountyll.gov/contractcompliance)

II. ☒ Direct Participation of DBE Firms ☐ Indirect Participation of DBE Firms

DBEs that will perform as subcontractors/suppliers/consultants include the following:

*Current Letter of Certification attached? Yes X No

*Current Letter of Certification attached? Yes _____ No _____

* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.

DBE LETTER OF INTENT - FORM 2DBE Firm: AES Services, Inc.Certifying Agency: City of ChicagoContact Person: Mohammed SaleemCertification Expiration Date: 10/01/2018Address: 111 South Wacker DriveEthnicity: Indian AsianCity/State: Chicago, IL Zip: 60606Bid/Proposal/Contract #: 1528-14472Phone: 312-253-6783 Fax: 312-235-6784FEIN #: 36-3433209Email: msaleem@aesser.comParticipation: ☒ Direct ☐ Indirect

Will the DBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned DBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe DBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Survey, Traffic Studies, Structure Studies, Safety StudiesIndicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:16%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a DBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (DBE)

Mohammed Saleem

Print Name

President

Firm Name

04/11/2018

Date

Subscribed and sworn before me

this 11th day of April, 20 18.

Notary Public

OFFICIAL SEAL
M SALEEMNOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/12/21

DBE Letter of Intent - Form 2

Signature (Prime Bidder/Proposer)

Mark Becherer

Print Name

HNTB Corporation

Firm Name

April 17, 2018

Date

Subscribed and sworn before me

this 17 day of April, 20 18.

Notary Public

OFFICIAL SEAL
L RODRIGUEZNOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/16/2020

Revised: 2/29/14

DBE LETTER OF INTENT - FORM 2

DBE Firm: Comprehensive Construction Consulting Certifying Agency: City of Chicago
 Contact Person: Lynn Dixon Certification Expiration Date: May 15, 2018
 Address: 53 W. Jackson Ethnicity: African American
 City/State: Chicago, IL Zip: 60604 Bid/Proposal/Contract #: 1528-14472
 Phone: 312-353-3000 Fax: 312-353-3001 FEIN #: 20-8717661
 Email: ldixon@comprehensivecc.com
 Participation: ☒ Direct ☐ Indirect

Will the DBE firm be subcontracting any of the goods or services of this contract to another firm?

☐ No ☐ Yes -- Please attach explanation. Proposed Subcontractor(s): _____

The undersigned DBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe DBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Geometric Studies, Traffic Studies and Safety Studies

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

5%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a DBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Lynn Dixon
Signature (DBE)

Lynn Dixon/President
Print Name

Comprehensive Construction Consulting, Inc.
Firm Name

April 10, 2018
Date

Subscribed and sworn before me

this 10 day of April, 2018.

Notary Public Jenelle Taylor



DBE Letter of Intent Form 2

Mark Becherer
Signature (Prime Bidder/Proposer)

Mark Becherer
Print Name

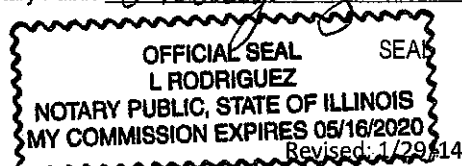
Vice President
Firm Name

April 17, 2018
Date

Subscribed and sworn before me

this 17 day of April, 2018.

Notary Public L Rodriguez



DBE LETTER OF INTENT - FORM 2DBE Firm: GSG Consultants, Inc.Certifying Agency: Chicago Transit AuthorityContact Person: Ala SassilaCertification Expiration Date: August 21, 2018Address: 623 Cooper Court

Ethnicity: _____

City/State: Schaumburg, IL Zip: 60173

Bid/Proposal/Contract #: _____

Phone: 312-733-6262 Fax: 312-773-5612FEIN #: 36-3844476Email: asassila@gsg-consultants.comParticipation: ☒ Direct ☐ Indirect

Will the DBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes - Please attach explanation. Proposed Subcontractor(s): _____

The undersigned DBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe DBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Geotechnical Services, Drainage StudiesIndicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:
5%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a DBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Ala Sassila

Signature (DBE)

Mark Becherer

Signature (Prime Bidder/Proposer)

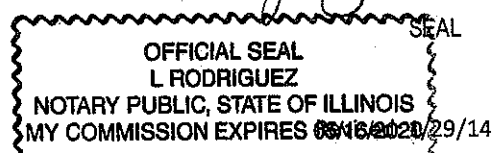
Ala Sassila, PhD, PE
Print NameMark Becherer
Print NameGSG Consultants, Inc.
Firm NameHNTB Corporation
Firm Name4/11/2018
DateApril 17 2018
Date

Subscribed and sworn before me

Subscribed and sworn before me

this 11 day of April, 2018.this 17 day of April, 2018.Notary Public Maria Elena PerezNotary Public L Rodriguez

DBE Letter of Intent



SEAL

08/16/2020

DBE LETTER OF INTENT - FORM 2DBE Firm: ONYX Architectural Services, Inc.Certifying Agency: Illinois Dept. of TransportationContact Person: Victor SimpkinsCertification Expiration Date: 6/1/18Address: 750 N. Franklin Avenue, Suite 207Ethnicity: African AmericanCity/State: Chicago, IL Zip: 60654Bid/Proposal/Contract #: 1528-14472 BPhone: 312-787-2748 Fax: 312-787-2857FEIN #: 36-4184723Email: vsimpkins@onyxchicago.comParticipation: ☒ Direct ☐ Indirect

Will the DBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes - Please attach explanation. Proposed Subcontractor(s): _____

The undersigned DBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe DBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Public Outreach and Meetings, Agency CoordinationIndicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:
2%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a DBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Victor E. Simpkins
Signature (DBE)

Victor E. Simpkins

Print Name

ONYX Architectural Services, Inc.

Firm Name

4/9/18

Date

Subscribed and sworn before me

this 9th day of April, 2018.Notary Public [Signature]

Mark Becherer
Signature (Prime Bidder/Proposer)

Mark Becherer

Print Name

Vice President

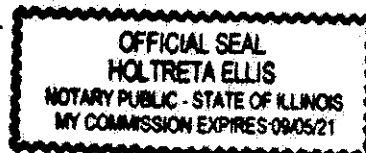
Firm Name

April 17 2018
Date

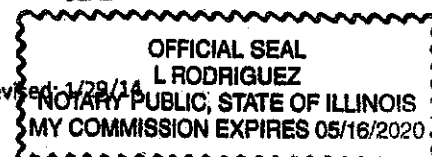
Subscribed and sworn before me

this 17 day of April, 2018.Notary Public [Signature]

SEAL



SEAL



DBE LETTER OF INTENT - FORM 2DBE Firm: Metro Strategies, Inc.Certifying Agency: IDOTContact Person: Karyn RomanoCertification Expiration Date: 8/24/18Address: 526 Crescent Blvd.

Ethnicity: _____

City/State: Glen Ellyn, IL Zip: 60137

Bid/Proposal/Contract #: _____

Phone: (630)534-6400 Fax: _____FEIN #: 20-2086834Email: kromano@metrostrategiesinc.comParticipation: ☒ Direct ☐ Indirect

Will the DBE firm be subcontracting any of the goods or services of this contract to another firm?

☒ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned DBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe DBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Public Outreach and Meetings, Funding ApplicationsIndicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:
7%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a DBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Karyn Romano
Signature (DBE)

Karyn Romano
Print Name

Metro Strategies, Inc.
Firm Name

04/12/2018
Date

Subscribed and sworn before me

this 12th day of April, 2018.Notary Public Therese Frey

OFFICIAL SEAL
THERESE FREY

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 02/03/19

DBE Letter of Intent - Form 2

SEAL

Mark Becherer
Signature (Prime Bidder/Proposer)

Mark Becherer
Print Name

HNTB Corporation
Firm Name

April 17 2018
Date

Subscribed and sworn before me

this 17 day of April, 2018.Notary Public L Rodriguez

OFFICIAL SEAL
L RODRIGUEZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/16/2020

SEAL

Revised: 1/29/14

PETITION FOR REDUCTION/WAIVER OF DBE PARTICIPATION – FORM 3**A. BIDDER/PROPOSER HEREBY REQUESTS:**

- ☐ FULL DBE WAIVER
- ☐ REDUCTION (PARTIAL DBE PARTICIPATION)

_____ % of Reduction for DBE Participation

B. REASON FOR FULL/REDUCTION WAIVER REQUEST

Bidder/Proposer shall check each item applicable to its reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

- ☐ (1) Lack of sufficient qualified DBEs capable of providing the goods or services required by the contract. **(Please explain)**
- ☐ (2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize DBEs in accordance with the applicable participation. **(Please explain)**
- ☐ (3) Price(s) quoted by potential DBEs are above competitive levels and increase cost of doing business and would make acceptance of such DBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such DBE bid. **(Please explain)**
- ☐ (4) There are other relevant factors making it impossible or economically infeasible to utilize DBE firms. **(Please explain)**

C. GOOD FAITH EFFORTS TO OBTAIN DBE PARTICIPATION

- ☐ (1) Made timely written solicitation to identified DBEs for utilization of goods and/or services; and provided DBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable DBEs to prepare an informed response to solicitation. **(Attach of copy written solicitations made)**
- ☐ (2) Used the services and assistance of the Office of Contract Compliance staff. **(Please explain)**
- ☐ (3) Timely notified and used the services and assistance of community, minority and women business organizations. **(Attach of copy written solicitations made)**
- ☐ (4) Followed up on initial solicitation of DBEs to determine if firms are interested in doing business. **(Attach supporting documentation)**
- ☐ (5) Engaged DBEs for direct/indirect participation. **(Please explain)**

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with DBE participation.

**COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1- 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 - 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15-17

SECTION 1
INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or *Contracting Party* means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or *lobbying* means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or *Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

**INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

SECTION 2**CERTIFICATIONS**

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in subparagraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

SECTION 3**REQUIRED DISCLOSURES****1. DISCLOSURE OF LOBBYIST CONTACTS**

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name

Address

No Lobbying contacts were made

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

Local business means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

- a) Is Applicant a "Local Business" as defined above?

Yes: ☒ No: ☐

- b) If yes, list business addresses within Cook County:

One South Wacker Drive, Suite 900, Chicago, Illinois 60606

- c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: ☒ No: ☐

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: *The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: *It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): _____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b) ☒ The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the ☒ Applicant or ☐ Stock/Beneficial Interest Holder

This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name HNTB Corporation

D/B/A: _____ FEIN # Only: _____

Street Address: One South Wacker Drive, Suite 900

City: Chicago State: Illinois Zip Code: 60606

Phone No.: 312-930-9119 Fax Number: 312-930-9063 Email: mbecherer@hntb.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Mr. Harvey K. Hammond, Jr.	11414 W. Park Place, Ste.300 Milwaukee, WI 53224	12.1%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☐] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
See Attachment A			

Declaration (check the applicable box):

- ☒ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- ☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

ATTACHMENT A

(Pg. EDS-7)

CONTRACT# 1528-14472 B A1**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mr. Robert J. Slimp	HNTB Corporation 191 Peachtree Street, NE Suite 3300 Atlanta, GA 30303	Chairman/Director/President	Annual
Mr. Harvey K. Hammond, Jr.	HNTB Corporation 11414 West Park Place Suite 300 Milwaukee, WI 53224	Director/Director	Annual
Mr. Paul Yarossi	HNTB Corporation-Lexington 300 Apollo Drive 1 st Floor (Chelmsford, MA 01824	Director/Director	Annual
Mr. Michael W. Wright	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Director/Director	Annual
Mr. Thomas D. O'Grady	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Vice President/Officer	Annual
Mr. David Equia	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Vice President/Officer	Annual
Mr. Terry M. Campbell	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Treasurer/Officer	Annual
Mr. Craig W. Denson	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Secretary/Officer	Annual
Mr. Ben C. Beshoner	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Asst. Secretary/Officer	Annual
Mr. Scott H. Staska	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Asst. Secretary/Officer	Annual
Chad E. Marcus	HNTB Corporation 715 Kirk Drive Kansas City, MO 64105	Asst. Secretary/Officer	Annual

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Mark Becherer
Name of Authorized Applicant/Holder Representative (please print or type)

Mark Becherer
Signature

mbecherer@hntb.com
E-mail address

Vice President
Title

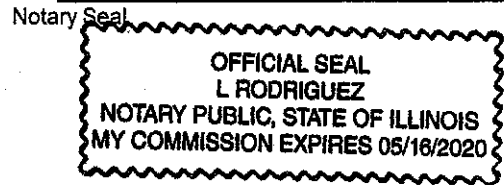
4/17/18
Date

312-930-9119
Phone Number

Subscribed to and sworn before me
this 17th day of April, 2018

x L Rodriguez
Notary Public Signature

My commission expires:





COOK COUNTY BOARD OF ETHICS
 69 W. WASHINGTON STREET, SUITE 3040
 CHICAGO, ILLINOIS 60602
 312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

"Familial relationship" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Stepson |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Stepbrother |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Halfbrother |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Halfsister |

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTYName of Person Doing Business with the County: HNTB CorporationAddress of Person Doing Business with the County: One South Wacker Drive, Suite 900, Chicago, IllinoisPhone number of Person Doing Business with the County: 312-930-9119Email address of Person Doing Business with the County: mbecherer@hntb.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

Mark Becherer, Vice PresidentOne South Wacker Drive, Suite 900, Chicago, Illinois 60606:312-930-9119 : mbecherer@hntb.com**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: _____

1528-14472B, 1388-0361

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ _____

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Tara Orbon - Bureau Chief of Project Development - 312-603-1745

Kiran Patel, Division Head-Right of Way Plats Division - 312-603-1654

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Tara Orbon - Bureau Chief of Project Development - 312-603-1745

Kiran Patel, Division Head-Right of Way Plats Division - 312-603-1654**C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS**

Check the box that applies and provide related information where needed

☐ The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

☒ The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

- ☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, attach an additional sheet following the above format.

- ☐ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
---	--	--	----------------------------------

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Signature of Recipient 

Date 4/17/18

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
69 West Washington Street, Suite 3040, Chicago, Illinois 60602
Office (312) 603-4304 – Fax (312) 603-9988
CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, **including Substantial Owners**, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. County reserves the right to request additional information to verify veracity of information contained in this Affidavit.

I. Contract Information:

Contract Number: 1528-14472 B Amendment No. 1

County Using Agency (requesting Procurement): Cook County Department of Transportation and Highways

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): HNTB Corporation

Substantial Owner Complete Name: _____

FEIN# 43-1623092

E-mail address: _____

Street Address: One South Wacker Drive, Suite 900

City: Chicago State: Illinois Zip: 60606

Home Phone: _____

III. Compliance with Wage Laws:

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

No *Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq.,*

No *Illinois Minimum Wage Act, 820 ILCS 105/1 et seq.,*

No *Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq.,*

No *Employee Classification Act, 820 ILCS 185/1 et seq.,*

No *Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,*

No *Any comparable state statute or regulation of any state, which governs the payment of wages*

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV**.

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

- No *There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner*
- No *Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation*
- No *Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default*
- No *Other factors that the Person or Substantial Owner believe are relevant.*

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

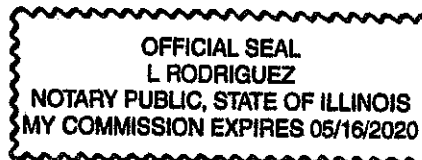
Signature: Mark Becherer Date: April 17 2018

Name of Person signing (Print): Mark Becherer Title: Vice President

Subscribed and sworn to before me this 17 day of April, 20 18

X L Rodriguez Notary Public Signature Notary Seal

Note: The above information is subject to verification prior to the award of the Contract.



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by CorporationHNTB Corporation

Corporation's Name

312-930-9119

Telephone

[Signature]

Secretary Signature

[Signature]

Mark Becherer, V.P.

President's Printed Name and Signature

mbecherer@hntb.com

Email

4/17/18

Date

Execution by LLC

Date

*Member/Manager Printed Name and Signature
Telephone and Email**Execution by Partnership/Joint Venture**
Partnership/Joint Venture Name

Date

*Partner/Joint Venturer Printed Name and Signature
Telephone and Email**Execution by Sole Proprietorship**
Printed Name Signature

Date

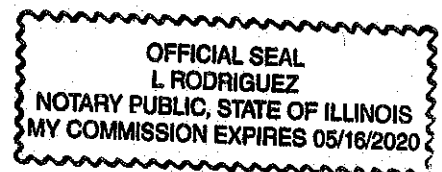
Assumed Name (if applicable)
Telephone and Email

Subscribed and sworn to before me this
17 day of April, 20 18

[Signature]

Notary Public Signature

My commission expires:

Notary Seal

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.